

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/830309	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
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46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	5						TOTAL IND.	5				
TOTAL DEP.	36	↓	↓	↓	↓		TOTAL DEP.	5	↓	↓	↓	↓
TOTAL CLAIMS	40	↓	↓	↓	↓		TOTAL CLAIMS	5	↓	↓	↓	↓

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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FORM PTO-1360 (REV. 3-78)